

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049411

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12810

STATE FILE NUMBER

FILED JAN 6 1964

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

|   |                           |   |                              |
|---|---------------------------|---|------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY  |                              |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN St. Louis   |                           | c. CITY OR TOWN St. Louis   |                              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 3218 Michigan Ave.   |                           | d. STREET ADDRESS (If outside, give location)<br>3218 Michigan Ave.   |                              |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>MARTIN ELI FEDAK  |                           | 4. DATE OF DEATH<br>Month Day Year<br>December 25, 1963   |                              |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>8/2/1875 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired  |                           | 10b. KIND OF BUSINESS OR INDUSTRY   |                              |
| 11. BIRTHPLACE (City and state or country)<br>Austria   |                           | 12. CITIZEN OF WHAT COUNTRY<br>U. S. A.   |                              |
| 13a. FATHER'S NAME<br>Andrew Fedak  |                           | 13b. MOTHER'S MAIDEN NAME<br>Barbara unknown  |                              |
| 14. NAME OF HUSBAND OR WIFE<br>Mary Fedak   |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |                              |
| 16. SOCIAL SECURITY NO.   |                           | 17. INFORMANT<br>Mary Fedak - 3218 Michigan Ave.  |                              |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart dis</i><br>DUE TO (b) <i>420.0</i><br>DUE TO (c) <i>—</i><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                           | INTERVAL BETWEEN ONSET AND DEATH<br>2 wks   |                              |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                           | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                              |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                           | 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year  |                              |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                              |
| 20f. CITY, TOWN, OR LOCATION<br>Lemay, Missouri   |                           | COUNTY STATE  |                              |
| 21. I attended the deceased from April 29-1964 to December 25-1963 and last saw her alive on Dec 25-1963<br>Death occurred at 10:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.   |                           | 22a. SIGNATURE (Degree or title)<br><i>Karl Berg</i>  |                              |
| 22b. ADDRESS<br>3203 S Grand  |                           | 22c. DATE SIGNED<br>1/26/63   |                              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  |                           | 23b. DATE<br>12/28/1963   |                              |
| 23c. NAME OF CEMETERY OR CREMATORY<br>Mt. Hope Cemetery   |                           | 23d. LOCATION (City, town, or county)<br>Lemay, Missouri.   |                              |
| 24. FUNERAL DIRECTOR<br>JOHN STYGAR & SON- 5541 Riverview Blvd  |                           | 25. DATE RECD. BY LOCAL REG.<br>DEC 26 1963   |                              |
| 26. REGISTRAR'S SIGNATURE<br><i>Karl Smith. M.D.</i>  |                           |   |                              |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *JMR Rister*

Licensed Embalmer No. 3980

P. O. Address *St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.